

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS  
150 Mt. Vernon Street  
Dorchester, MA 02125

APPLICATION FOR VITAL RECORD

(Please print legibly.)

**NOTE: The earliest records available from this office are for calendar year 1916.**

Return this form to the address above with a self-addressed, business-letter-sized envelope and a personal check or money order for \$28.00 for each record. Make checks payable to the Registry of Vital Records. No more than 5 requests per letter. **DO NOT SEND CASH.** Provide as much information as you have available.

**BIRTH** Number of copies: \_\_\_\_\_

Name of Subject: _____			
(first)	(middle)	(last)	
Date of Birth: _____		City or Town of Birth: _____	
Mother's Name: _____			
(first)	(middle)	(maiden)	(last)
Father's Name: _____			
(first)	(middle)	(last)	

**MARRIAGE** Number of copies: \_\_\_\_\_

Name of Groom: _____			
(first)	(middle)	(last)	
Name of Bride: _____			
(first)	(middle)	(maiden)	
Date of Marriage: _____		City or Town of Marriage: _____	

**DEATH** Number of copies: \_\_\_\_\_

Name of Deceased: _____			
(first)	(middle)	(last)	(maiden, if applicable)
Date of Death: _____		City or Town of Death: _____	
Social Security Number (if known): _____			
Spouse's Name: _____			
(first)	(middle)	(last)	(maiden, if applicable)
Father's Name: _____			
(first)	(middle)	(last)	
Mother's Name: _____			
(first)	(middle)	(maiden)	(last)

Relationship of requestor to subject(s) named on record: \_\_\_\_\_

Mail record to: _____
Address: _____
City/State/ZIP Code: _____
Your signature: _____
Date of request: _____ month/day/year